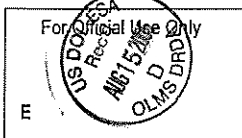


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8165	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Samuel Staten, Sr. P.O. Box, Bldg., Room No., if any Street 1310 Wallace Street City Philadelphia State Pennsylvania ZIP Code + 4 19123	4. Name, file number, and address of labor organization. Name LIUNA Local Union #332 Labor Organization File Number 022-168 P.O. Box, Building and Room Number, if any Street 1310 Wallace Street City Philadelphia State Pennsylvania ZIP Code + 4 19123
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

This report is being made with a good faith recollection of reportable events and/or benefits but without complete records.

Signed

On 8/15/2005
Date

215-765-6272
Telephone Number

Name of Person Filing Samuel Staten, Sr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LECET</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1301 Race Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19103</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Same</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>I am a trustee of this trust Fund.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursements for educational conferences held on 08/02/04-08/05/04. LIUNA Mid-Atlantic regional conference.</p>
	<p>12.b. Amount. \$500</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Samuel Staten, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chartwell Investment Partners, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste 400

Street 1235 West Lakes Drive

City Berwyn

State Pennsylvania

ZIP Code + 4 19312

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LDC General Building Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Po Box 37003

Street

City Philadelphia

State Pennsylvania

ZIP Code + 4 19122

11.a. Nature of such dealing.

Investment Money Manager

11.b. Approximate dollar value of such dealing.

\$23,000,000

12.a. Nature of interest held or income received.

On 04/30/04 and 08/10/04 was invited to play golf.

12.b. Amount.

\$173

Name of Person Filing Samuel Staten, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LDC Contruction Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 37003

Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19122

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Same

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

I am a Trustee of this Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended Educational conference 5/2004.

12.b. Amount.

\$700

Name of Person Filing Samuel Staten, Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LDC Education & Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 37003

Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19122

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Same

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

I am a Trustee of this fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended an educational conference 01/2004.

12.b. Amount.

\$700